

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

People with a history of alcohol and drug problems who also have a life limiting illness can present a number of challenges for the treating team.

Newly Diagnosed

Ralph is a 47 year old gentleman who lives at home with a housemate. He is well known to your pharmacy, as he attends 3 times a week for methadone as part of a Medication-Assisted Treatment for Opioid Dependence (MATOD), under supervision from his GP. His current methadone dose is 80mg daily and he takes no other regular medications. You are aware that Ralph has been in hospital.

Ralph presents to your pharmacy on a Saturday with a hospital prescription for the following medications to be dispensed:

- > Oxycodone SR 15mg BD (qty: 56)
- > Oxycodone IR 5mg 4-hourly PRN (qty: 60)
- > Docusate & Senna 2 tablets BD
- > Dexamethasone 2mg PO mane
- > Pantoprazole 40mg PO mane

Ralph tells you he was discharged from hospital today where he was diagnosed with kidney cancer (renal cell carcinoma) with bone metastases. He also mentions he has been referred to palliative care – a clinic appointment has been made in a fortnight.

When reviewing the prescription, you have some concerns about the additional opioids prescribed; as you are aware Ralph has a history of opioid misuse and has previously made attempts to acquire additional methadone doses.

Drug and Alcohol Problems

People with palliative care needs with a history of alcohol and drug problems can present a number of challenges, particularly in the community. GPs and other specialists involved should consider early involvement of specialist palliative care to develop a pain management plan.

Methadone for the maintenance treatment of opioid dependence is unlikely to provide adequate pain relief for malignant pain, and therefore other opioids may need to be prescribed to manage pain. This should occur with close consultation between the MATOD prescriber and relevant specialists (such as palliative care). Opioids should never be denied, when needed for effective pain relief. Increased monitoring or staged supply of opioids may need to occur.

You contact Ralph's GP who appreciates your call as he has not yet received a discharge summary from the hospital and was unaware of his new diagnosis. He also expresses concern regarding the quantity of opioids prescribed, and requests a staged supply be arranged that matches his methadone pick-up days. You contact the hospital prescriber who is grateful for bringing your concerns to their attention and is happy for the staged-supply to be arranged.

Resources

[Palliative Care Therapeutic Guidelines \(Pain in Palliative Care Patients with Alcohol and Other Drug Problems\)](#)

For more information

Contact the Lead Palliative Care Pharmacists:

- > **Josephine To, Northern**
josephine.to@sa.gov.au
(08) 8161 2499
- > **Michaela del Campo, Central**
michaela.delcampo@sa.gov.au
(08) 8222 6825
- > **Paul Tait, Southern**
paul.tait@sa.gov.au
(08) 8404 2058

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

